

BEL AIR HEALTH CARE & ALZHEIMER CENTER
9350 WEST FOND DU LAC AVENUE

MILWAUKEE 53225 Phone: (414) 438-4360

Owned from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 185

Total Licensed Bed Capacity (12/31/03): 185

Number of Residents on 12/31/03: 178

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 200

Corporation

Skilled

No

Yes

Yes

200

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		13.5
Supp. Home Care-Personal Care	No					1 - 4 Years		47.2
Supp. Home Care-Household Services	No	Developmental Disabilities	3.9	Under 65	21.9	More Than 4 Years		30.9
Day Services	No	Mental Illness (Org./Psy)	53.4	65 - 74	21.3			----
Respite Care	No	Mental Illness (Other)	20.2	75 - 84	27.0			91.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.2	95 & Over	2.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	4.5	65 & Over	78.1	-----		
Transportation	No	Cerebrovascular	3.9		-----	RNs		9.2
Referral Service	No	Diabetes	2.8	Gender	%	LPNs		12.7
Other Services	No	Respiratory	2.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.9	Male	40.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	59.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	2.1	162	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.7
Skilled Care	7	100.0	327	127	90.7	162	4	100.0	155	17	100.0	172	10	100.0	162	0	0.0	0	165	92.7
Intermediate	---	---	---	5	3.6	162	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	5	3.6	162	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		140	100.0		4	100.0		17	100.0		10	100.0		0	0.0		178	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	24.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	11.1	Bathing	8.4	50.6	41.0	178
Other Nursing Homes	5.9	Dressing	13.5	41.0	45.5	178
Acute Care Hospitals	51.9	Transferring	33.7	39.9	26.4	178
Psych. Hosp.-MR/DD Facilities	3.7	Toilet Use	23.6	31.5	44.9	178
Rehabilitation Hospitals	0.7	Eating	52.8	18.5	28.7	178
Other Locations	2.2	*****				
Total Number of Admissions	135	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.0	Receiving Respiratory Care	6.2	
Private Home/No Home Health	28.4	Occ/Freq. Incontinent of Bladder	62.9	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	13.7	Occ/Freq. Incontinent of Bowel	62.9	Receiving Suctioning	0.0	
Other Nursing Homes	8.7			Receiving Ostomy Care	1.1	
Acute Care Hospitals	6.0	Mobility		Receiving Tube Feeding	7.3	
Psych. Hosp.-MR/DD Facilities	1.1	Physically Restrained	15.2	Receiving Mechanically Altered Diets	51.1	
Rehabilitation Hospitals	0.0					
Other Locations	5.5	Skin Care		Other Resident Characteristics		
Deaths	36.6	With Pressure Sores	9.0	Have Advance Directives	66.9	
Total Number of Discharges		With Rashes	2.8	Medications		
(Including Deaths)	183			Receiving Psychoactive Drugs	62.9	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.9	84.7	1.06	87.0	1.03	86.6	1.04	87.4	1.03
Current Residents from In-County	73.6	81.8	0.90	86.4	0.85	84.5	0.87	76.7	0.96
Admissions from In-County, Still Residing	19.3	17.7	1.09	18.9	1.02	20.3	0.95	19.6	0.98
Admissions/Average Daily Census	67.5	178.7	0.38	166.7	0.40	157.3	0.43	141.3	0.48
Discharges/Average Daily Census	91.5	180.9	0.51	170.6	0.54	159.9	0.57	142.5	0.64
Discharges To Private Residence/Average Daily Census	38.5	74.3	0.52	69.1	0.56	60.3	0.64	61.6	0.62
Residents Receiving Skilled Care	94.4	93.6	1.01	94.6	1.00	93.5	1.01	88.1	1.07
Residents Aged 65 and Older	78.1	84.8	0.92	91.3	0.86	90.8	0.86	87.8	0.89
Title 19 (Medicaid) Funded Residents	78.7	64.1	1.23	58.7	1.34	58.2	1.35	65.9	1.19
Private Pay Funded Residents	9.6	13.4	0.71	22.4	0.43	23.4	0.41	21.0	0.46
Developmentally Disabled Residents	3.9	1.1	3.66	1.0	3.86	0.8	4.65	6.5	0.61
Mentally Ill Residents	73.6	32.2	2.29	34.3	2.15	33.5	2.20	33.6	2.19
General Medical Service Residents	3.9	20.8	0.19	21.0	0.19	21.4	0.18	20.6	0.19
Impaired ADL (Mean)	55.6	51.8	1.07	53.1	1.05	51.8	1.07	49.4	1.13
Psychological Problems	62.9	59.4	1.06	60.0	1.05	60.6	1.04	57.4	1.10
Nursing Care Required (Mean)	9.7	7.4	1.31	7.2	1.35	7.3	1.33	7.3	1.32